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		CLAIMS AS	FILED	- PART I	<u>:</u>		SMAL	LEN	ITITY	••	OTHER	TH
(Column 1) (Column 2)							TYPE			OR	SMALL	ENT
	TOTAL CLAIMS				RAT	E	FEE] .	RATE	·F		
ī	OR		NUMBER	FILED	NUMB	ER EXTRA	BAŞIC	FEE	370.00	ÓR	BASIC FEE	74
	OTAL CHARGE	i - minus 20= *			γ	X\$ 9	X\$ 9=		OR	X\$18=		
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Ľ	IULTIPLE DEPEN	NDENT CLAIM PR	RESENT				+140)=		OR	+280=	
*	If the difference	in column 1 is l	less than zero, enter "0" in column 2				TOTA	\L.		OR	TOTAL	-
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DMENT	Total.	AMENOMENT	Minus	**	<u> </u>	=	X\$ 0	7		<u> </u>	X\$18=-	=
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Application or Docket Number